

TRAINING COMPLETION FORM Form Code: PSS_TCF v.11.03 Website: www.dcjs.org/privatesecurity Status Hotline: (804) 786-1132 or 1-877-9STATUS	COMMONWEALTH OF VIRGINIA Department of Criminal Justice Services Private Security Services Section P.O. Box 10110, Richmond, VA 23240-9998 Phone #: (804) 786-4700; Fax #: (804) 786-6344
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The following requirements apply to this form:

1. This form must be completed and provided to students upon completion of certified training within five (5) business days following the training session completion date; and
2. Only one (1) type of training completed per each training completion form.

Certified Training School: _____ School ID# 88-_____

Student Name: _____
Last Name First Name Middle Name

Social Security #: _____ Phone # _____ Date of Birth: _____
mm/dd/yy

Mailing Address: _____
Number and Street City/Town State Zip

Training Information:

- ♦ **Student Completed** ☐ Entire Session ☐ Partial Session (DCJS issued exemption)
- ♦ **Session Dates** Date Began: _____ Date Ended: _____
mm/dd/yy mm/dd/yy

Category of Training (one training session per roster application)

Entry Level Subjects

- ☐ 01E Security Officer Core Subjects ☐ 02E Private Investigator ☐ 03E Armored Car Personnel
- ☐ 04E Security Canine Handler ☐ 05E Armed Security Officer Arrest Authority
- ☐ 06E Special Conservator of the Peace Core Subjects ☐ 30E Electronic Security Subjects
- ☐ 32E Personal Protection Specialist ☐ 35E Electronic Security Technician ☐ 38E Central Station Dispatcher
- ☐ 39E Electronic Security Sales

In Service Subjects

- ☐ 01I Security Officer Core Subjects ☐ 02I Private Investigator ☐ 03I Armored Car Personnel
- ☐ 04I Security Canine Handler ☐ 06I Special Conservator of the Peace Core Subjects
- ☐ 30I Electronic Security Subjects ☐ 32I Personal Protection Specialist ☐ 35I Electronic Security Technician
- ☐ 38I Central Station Dispatcher ☐ 39I Electronic Security Sales

Firearms Training:

- ☐ 07E Handgun Training ☐ 08E Shotgun Training ☐ 09E Advanced Handgun Training
- ☐ 07R Handgun Re-Training ☐ 08R Shotgun Re-Training ☐ 09R Advanced Handgun Re-Training
- ☐ 10E Conservator of the Peace Handgun ☐ 10R Conservator of the Peace Handgun Re-Training

♦ **Firearms Re-Training (07R) student completed range qualification with:** ☐ Handgun and/or ☐ Shotgun
Range Qualification Information: (Shotgun may be included with handgun information only for 07R session.)

Revolver: Caliber: _____ Score (check at least one: ☐ Pass ☐ Percentage (optional): _____
Caliber: _____ Score (check at least one: ☐ Pass ☐ Percentage (optional): _____

Semi-Automatic: Caliber: _____ Score (check at least one: ☐ Pass ☐ Percentage (optional): _____
Caliber: _____ Score (check at least one: ☐ Pass ☐ Percentage (optional): _____

Shotgun: Type: _____ Gauge: _____ Score (check at least one: ☐ Pass ☐ Percentage (optional): _____

School Director Name: _____ Telephone: _____

Signature: _____ Date: _____
mm/dd/yy